

RECEIVED

MAY 25 2011

COMMISSION ON GOVERNMENTAL ETHICS AND ELECTION PRACTICES

Mail: 135 State House Station, Augusta, Maine 04333 Office: 45 Memorial Circle, Augusta, Maine

Website: www.maine.gov/ethics

Phone: 207-287-4179 Fax: 207-287-6775

EXECUTIVE EMPLOYEES EXECUTIVE EMPLOYEES Maine Ethics Commission 2010 STATEMENT OF SOURCES OF INCOME (5 M.R.S.A. § 19)

Covering the calendar year January 1, 2010 through December 31, 2010.

Please file this statement with the Maine Ethics Commission no later than 5:00 p.m. on April 15, 2011. Please contact Commission staff at 287-4179 or come to the Commission office at 45 Memorial Circle, Augusta, if you have any questions about this form, your reporting requirements, or how to report specific situations. Please keep a copy of this form for your records.

NAME AND CON	ITACT INFORMATION
Name Theo F. Brown	Title Bureau Director
Department/Agency/Bureau/Division	Work Phone (207)287-7671
Maine Dept. of Environmental Protection/Bureau of Land ar	d Water Quality
Mailing Address, City, ZIP 17 State House Station Augusta, ME 04333-0017	
PART 1. INCOME DERIVED F	ROM EMPLOYMENT BY ANOTHER
List the name and address of each employer from whom you re economic activity of each employer.	ceived compensation of \$1,000 or more. Specify the principal type of
None	
Name of Employer	Address Principal Type of Economic Activity of Employer
**Installation of	990 A A A A A A A A
va venitorii	
Annual View	
, in the second	
·	
de l'action de la constant de la con	
	SELF-EMPLOYMENT OR LAW PRACTICE
A. List the name and address of your business or law firm, if any, derived income. If associated with a partnership, firm, professiona activity or practice of that entity.	and list the major areas of economic activity or practice from which you all association, or similar business entity, list the major areas of economic
None	
Name and Address of Business Entity or Law Firm	Major Areas of Economic Activity/ Practice (self) Major Areas of Economic Activity/ Practice (partnership, association, firm or similar business entity)
Name:	
Address:	
Name:	
Address:	

PART 2 (continued). INCOME DERIVED FROM SELF-EMPLOY	MENT
B. List each source of income derived from self-employment or practice that represents more than 1 whichever is greater, and specify the principal type of economic activity of the entity or person from wh form of disclosure is prohibited by law, rule, or an established code of professional ethics, specify activity of the entity or person from whom the income was derived.	om you derived such income. If this
Name and Address of Source	Principal Type of Economic Activity of Entity or Person Who is the Source of the Income
Name:	
Address:	
Name:	
Address:	
PART 3. OTHER SOURCES OF INCOME	
List each source of income of \$1,000 or more not listed in Parts 1 or 2 of this form. Do not include gifts box.	or honoraria. If none, check the
None	
Name and Address of Source	Kind of Income (investments, leases, etc.)
Name: Veterans Administration 1 VA Center, Augusta, ME 04330 Address:	Service connected disability
Name: Raymond James 1 Market Square, Augusta, ME 04333 Address:	Investments
Name: UBS One City Center, Portland, ME 04101 Address:	Investments
PART 4. REPORTABLE LIABILITIES	
List the names of creditors for any <u>unsecured</u> loans of \$3,000 or more that you received during the areas of economic activity of each creditor. Do not list credit card liabilities, or educational loans, loade as campaign contributions, or business loans from regulated financial institutions. If none, check	oans from a relative, loans that were
✓ None	на объем на на положно по до на ВИМ (1900) (1900 до 1900 до 19 -
Name and Address of Creditor	Principal Type of Economic Activity of Creditor
Name:	
Address:	Townsey in in control of the control
Name:	- AND CONTRACTOR CONTRACTOR AND CONTRACTOR C
Address:	The second secon
PART 5. REPORTABLE GIFTS	
List the specific source of gifts received during the reporting period with an aggregate value of more that	an \$300. If none, check the box.
None	
	Source of Gift
1.	
2. 4.	12 TO 12

PART 6. RE	EPORTABLE HONORARIA			
List the source of any honoraria accepted for appearances or	speeches related to your official capacity	or duties. If none, check the box.		
None				
Name of Source of Honoraria	Name of Sou	urce of Honoraria		
1.	3.			
2.	4.	4.		
PART 7. REPRESENT	TATION BEFORE STATE AGENCIES			
List each executive branch agency before which you or compensation of any amount other than your official salary. none, check the box.	a member of your immediate family rembers a lindicate whether you or a family members.	represented or assisted others for per appeared before the agency. If		
None				
Name of Agency	Name	of Agency		
1.	3 .			
2.	4.			
PART 8. BUSIN	IESS WITH STATE AGENCIES			
List each executive branch agency to which you or a memb \$1,000 during the reporting period. Indicate whether you or a				
Vone		okumenta wakaka wakaka wakaka wakaka wakaka 20 kilong beele wa pengebala pengebala pengebala pengebala wa mende		
Name of Agency	Name	of Agency		
1.	3.			
2.	4.	4.		
PART 9. INCOME RECEIVE List the type of economic activity representing each source of dependent child(ren) during the reporting period and the kind or more of income, list his or her name and job title. List on Do not include gifts.	d of income represented. If your spouse of the job title of dependent children who	your spouse or domestic partner or or domestic partner received \$1,000		
Name of Spouse or Domestic Partner and Job Title	Type of Economic Activity Representing Source of Income Received	Kind of Income		
Brenda F. Stinchfield	1 Unemployment Compensation	1. Unemployment		
Name:	-	Compensation		
Job Title:	2. 3.	3.		
Dependent Child(ren) - Job Titles Only				
Job Title:		T. WANGOOGAANAN YA YA WAXAA WA		
Job Title:				
Job Title:				

	✓ None						
affirm that the contents of this report are true, complete and accurate to the best of my knowledge. Jay		Organization/Business and Address		Title			
affirm that the contents of this report are true, complete and accurate to the best of my knowledge. Jay	essonomonomonomonomonomonomonomonomonomon	35-37-3593 Sant and authorized and the Strain Strain develored Strainwest Instituted in destination policies (2 Strainbeter 1980) 23	uziusinenti (Kramitonin ni minumoodustimisoodi helisäistä NCSNENENENESEA Päitessen	3 Tilling of Properties 2 annual mental and an annual and an annual annual annual annual annual annual annual a Barrer annual an	and the state of t		gammin province (transport of the contract of
affirm that the contents of this report are true, complete and accurate to the best of my knowledge. July Jul				a do constante		co and ser and services	
affirm that the contents of this report are true, complete and accurate to the best of my knowledge. July Jul				THE PAY AND		e aproximation of the	
affirm that the contents of this report are true, complete and accurate to the best of my knowledge. July Jul	enemaneraeraeraeraeraeraeraeraeraeraeraeraerae		rauna over esta esta over son son en esta esta esta de la libra de			\$	
affirm that the contents of this report are true, complete and accurate to the best of my knowledge. Signature				And in the second secon			
affirm that the contents of this report are true, complete and accurate to the best of my knowledge. Signature					4724	S. A. S. Seguena de Maria de M	
ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary.			enemint to the care of the transfer of the tra		441048444444444444444444444444444444444		
affirm that the contents of this report are true, complete and accurate to the best of my knowledge. Signature				And in the Control of			
affirm that the contents of this report are true, complete and accurate to the best of my knowledge. July Jul				Control of the Contro		Calaba A A A an	
affirm that the contents of this report are true, complete and accurate to the best of my knowledge. Signature				RAPANASANA AA		To Angeles and Ang	100 M
affirm that the contents of this report are true, complete and accurate to the best of my knowledge. Signature				SIGNATURE			
Unsworn falsification is a Class D crime. ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number for the information you are providing. Use additional pages, if necessary. Part/Section Number						_	
Unsworn falsification is a Class D crime. ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number fo the information you are providing. Use additional pages, if necessary. Part/Section Number	arrirm that the	e contents of this report a	re true, complete	and accurate to the	best of my knowle	eage.	
Unsworn falsification is a Class D crime. ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number fo the information you are providing. Use additional pages, if necessary. Part/Section Number	\					1	
Unsworn falsification is a Class D crime. ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number fo the information you are providing. Use additional pages, if necessary. Part/Section Number		ed (7-4)	www.		5/2	4/11	
ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number fo the information you are providing. Use additional pages, if necessary. Part/Section Number		Signature	——————————————————————————————————————			Vate	
ADDITIONAL INFORMATION Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number fo the information you are providing. Use additional pages, if necessary. Part/Section Number							
Please provide any additional information below (and on additional sheets if needed). Indicate the part or section number fo the information you are providing. Use additional pages, if necessary. Part/Section Number			Unsworn tal	sitication is a Class D (crime.		
the information you are providing. Use additional pages, if necessary. Part/Section Number							
the information you are providing. Use additional pages, if necessary. Part/Section Number			ADDITIO	ONAL INFORMATIO	N		
taning, and a first particular control of the displacement of the first control of the control o	Please provid	e any additional informat	consideration of bosonical translation (COSTO FIGURE TO COSTO COST			te the part or sect	ion number fo
taning, and a first particular control of the displacement of the first control of the control o			ion below (and o	n additional sheets if		te the part or sect	ion number fo
		n you are providing. Use	ion below (and or additional pages	n additional sheets if		te the part or sect	ion number fo
	the informatio	n you are providing. Use	ion below (and or additional pages	n additional sheets if s, if necessary.	needed). Indica		ion number fo
		n you are providing. Use	ion below (and or additional pages	n additional sheets if s, if necessary.	needed). Indica		ion number fo
	the informatio	n you are providing. Use	ion below (and or additional pages	n additional sheets if s, if necessary.	needed). Indica		ion number fo
	the informatio	n you are providing. Use	ion below (and or additional pages	n additional sheets if s, if necessary.	needed). Indica		ion number fo
	the informatio	n you are providing. Use	ion below (and or additional pages	n additional sheets if s, if necessary.	needed). Indica		ion number fo
	the informatio	n you are providing. Use	ion below (and or additional pages	n additional sheets if s, if necessary.	needed). Indica		ion number fo
	the informatio	n you are providing. Use	ion below (and or additional pages	n additional sheets if s, if necessary.	needed). Indica		ion number fo
	the informatio	n you are providing. Use	ion below (and or additional pages	n additional sheets if s, if necessary.	needed). Indica		ion number fo
	the informatio	n you are providing. Use	ion below (and or additional pages	n additional sheets if s, if necessary.	needed). Indica		ion number fo
	the informatio	n you are providing. Use	ion below (and or additional pages	n additional sheets if s, if necessary.	needed). Indica		ion number fo

PART 10. OFFICER OR DIRECTOR POSITIONS